

United States District Court
NORTHERN DISTRICT OF CALIFORNIA

E-filing

Sierra Club, Great Basin Resource Watch,
Amigos Bravos, and Idaho Conservation League,

SUMMONS IN A CIVIL CASE

CASE NUMBER:

V.

Stephen Johnson, Administrator, U.S. EPA, and
Mary E. Peters, Secretary, U.S. Department of
Transportation,

CV 08

1409
WHA

TO: (Name and address of defendant)

Mary E. Peters, Secretary
United States Department of Transportation
1200 New Jersey Avenue, S.E.
Washington, D.C. 20590

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

LISA GOLLIN EVANS, Earthjustice, 21 Ocean Avenue, Marblehead, MA 01945
(781) 631-4119

JAN HASSELMAN, Earthjustice, 705 Second Avenue, Suite 203, Seattle, WA 98104
(206) 343-7340, (206) 343-1526 [FAX]

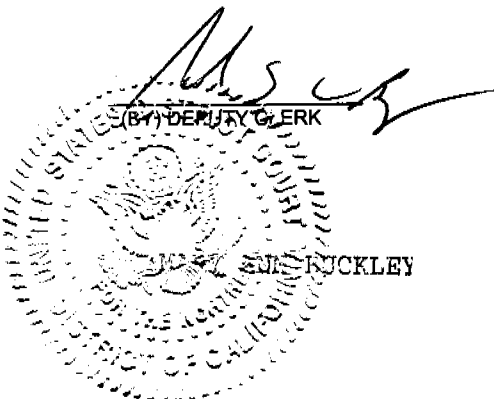
an answer to the complaint which is herewith served upon you, within 60 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

MAR 12 2008

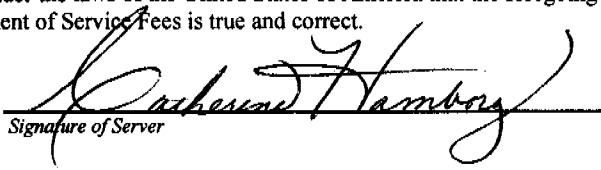
Richard W. Wieking

CLERK

DATE _____



AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE 3/20/2008	
NAME OF SERVER (<i>PRINT</i>) Catherine Hamborg	TITLE Legal Secretary	
<i>Check one box below to indicate appropriate method of service</i>		
<div style="margin-bottom: 10px;"><input type="checkbox"/> Served personally upon the defendant. Place where served:</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left:</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Returned unexecuted:</div> <div><input checked="" type="checkbox"/> Other (specify): Certified mail, return receipt requested</div>		
STATEMENT OF SERVICE FEES		
TRAVEL \$0.00	SERVICES \$0.00	TOTAL \$0.00
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 20px;"> <div style="width: 30%;"> <p>Executed on <u>3/31/2008</u></p> <p style="text-align: center; font-size: small;">Date</p> </div> <div style="width: 60%; text-align: center;">  <p style="text-align: center; font-size: small;">Signature of Server</p> </div> </div> <div style="text-align: center; margin-top: 20px;"> <p><u>705 Second Avenue, Suite 203, Seattle, WA 98104</u></p> <p style="text-align: center; font-size: small;">Address of Server</p> </div>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.


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Track & Confirm

Search Results

Label/Receipt Number: 7005 1820 0003 2249 6786

Detailed Results:

- Delivered, March 20, 2008, 6:58 am, WASHINGTON, DC 20590
- Arrival at Unit, March 20, 2008, 3:05 am, WASHINGTON, DC 20022

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Mary E. Peters, Secretary U.S. Department of Transportation 1200 New Jersey Avenue, S.E. Washington, D.C. 20590</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7005 1820 0003 2249 6786</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540